SOUTHERN STATES
UNIVERSITY

Curricular Practical Training Application

First Name:	Last Name:
Student ID:	Degree Expected:
Date of Expected Graduation:	

By completing this form, I confirm that I have received an offer of employment for the employer and dates listed below. It is my understanding that the CPT authorization is for this employer and for these dates only.

Proposed Employment

Name of CPT Employer:		
Start Date of Employment:	End Date of Employment:	Full Time or Part Time (circle one)
Specific duties of Job:		
Actual Street of Employer (No P.O. Boxes) City: State: Zip:	Employer Phone Number:	
Have you ever been granted full time CPT before?	If yes, please provide dates:	

USICS regulation 8 C.F.R.§214.2 (F) (10) (i) require that CPT be an integral part of an established curriculum. The proposed employment is an integral part of an established curriculum. Indicate your CPT relevance to the curriculum below:

Course Number and Name 1:_____

Course Number and Name 2:_____

_____ _____
Student Signature Date

_____ _____ _____
Academic Advisor/Designated School Official Signature Date